



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

When it comes to your health information, you have certain rights. This Notice of Privacy Practices describes how Capital Area Counseling Service, Inc. (CACCS) may use and disclose protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes client rights regarding health information CACCS maintains and a brief description of how clients may exercise these rights. This Notice further states the obligations CACCS has to protect health information.

Protected Health Information (PHI) means health information (including identifying information of clients) CACCS has collected from clients, or received from client health care providers, health plans, client's employer or a health care clearinghouse. It may include information about client's past, present or future physical or mental health or condition, the provision of health care, and payment for health care services.

CACCS is required by law to maintain the privacy of health information and to provide clients with this Notice of CACCS' legal duties and privacy practices with respect to health information. CACCS is also required to comply with the terms of our current Notice of Privacy Practices.

How We Will Use and Disclose Your Health Information

Uses and Disclosures

With Your Written Consent:

*For Treatment

*For Payment

*For Health Care Operations

For Treatment

Once clients have signed that they have been provided a copy of CACCS' Notice of Privacy Practices, we will use and disclose health information to provide health care and any related services. CACCS will also use the disclose health information to coordinate and manage health care and related services.

For Payment

Once clients have signed that they have been provided a copy of CACCS' Notice of Privacy Practices, we may use or disclose health information so that they treatment and services received are billed to, and payment is collected from, a health plan or other authorized third-party payer. These actions may include making a determination of eligibility or coverage for health insurance; whether the services were medically necessary, appropriately authorized or certified in advance of services; or reviewing services for purposes of utilization review, to ensure the appropriateness of services, or to justify the charges for services.

For Healthcare Options

Once clients have signed that they have been provided a copy of our Notice of Privacy Practices, CACCS may use and disclose health information for our operations. CACCS will make reasonable effort to protect employees to the minimum necessary to accomplish the intended purpose. These uses and disclosures

are necessary to run our organization and make sure that our clients receive quality services. For example, we may call you or mail you a note regarding an upcoming appointment, leave you a message on your answering machine, call you by name in the waiting room when it is time for your appointment or call your pharmacy.

CACS is a participating agency of the SD Health Link, which exchanges electronic personal health information securely among South Dakota Health Link participants. All Patients of a Participating Organization will be automatically enrolled in South Dakota Health Link, and no affirmative action needs to be taken by a patient to establish his or her Consent. A Patient shall be deemed to have given his or her Consent to participate until and unless the Patient affirmatively Opts-Out of South Dakota Health Link. A Patient who does not want his or her PHI to be disclosed to other Participating Organizations may Opt-Out by following the procedures This standard Opt-Out form is available at <http://www.sdhealthlink.org/>. If a Patient does Opt-Out, his or her Protected Health Information will not be disclosed through South Dakota Health Link's Point of Care Exchange for any permissible purpose. See the brochure given to you by the Intake Specialist for more information on SD Health Link.

Forms of Communication:

- *Electronic Mail (e-mail)
- *Facsimile (fax)
- *Telephone and Cellular Phone (voicemail and texting)

Staff use these forms of electronic communication devices with reasonable caution; however, other unintended persons can unintentionally or intentionally intercept electronic communications. Once clients have signed that they have received a copy of our Notice of Privacy Practices, CACS may use electronic communication devices in providing services and in the operation of the agency.

CACS may combine health information of many of our clients to decide what additional services we should offer, what services are no longer needed, and whether certain new treatments are effective. If we combine our health information with information of other providers, CACS will remove identifying information so others may use it to study health care or health care delivery without identifying specific clients.

**Uses and Disclosures Made
Without Your Consent or
Authorization, but You May
Object:**

- *Persons involved in your services
- *Disclosures in legal proceedings

Persons Involved in Your Services

CACS may use or disclose health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for the client's care, of the client's current location, general condition or need to know of the client's death. CACS may also use or disclose health information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in the client's health care.

In limited circumstances, CACS may disclose health information about clients to a friend or family member who is involved in the client's care. If the client is physically present and has the capacity to make health care decisions, the client's health information may only be disclosed with the client's agreement to persons designate to be involved in the care.

But, if a client is in an emergency situation, CACS may disclose health information to a spouse, a family member, or a friend so that such person may assist in the client's care. In this case, CACS will determine whether the disclosure is in the client's best interest and, if so, only disclose information that is directly relevant to participation in the care.

And, if the client is not in an emergency situation, but is unable to make health care decisions, CACS will disclose health information to a person designated to participate in the client's care in accordance with an advance directive validly executed under state law; and the client's guardian or other fiduciary if one has been appointed by a court, or if applicable, the state agency responsible for consenting to the client's care.

Disclosures in Legal Proceedings

CACS will not disclose health information in response to a subpoena without the client's authorization or against the client's objection.

**Uses and Disclosures Made
Without Your Consent, Authorization
or Opportunity to Object:**

- *Emergencies
- *Communication Barriers
- *As required by law
- *To avert a serious threat to health or safety
- *Public health activities
- *Health Oversight Activities
- *Disclosures in Legal Proceedings
- *Law Enforcement Activities

- *Medical Examiners or Funeral Directors
- *Military and Veterans
- *National Security and Protective Services
For the President and Others
- *Inmates
- *Workers' Compensation

Emergencies

CACS may use and disclose health information in an emergency treatment situation to healthcare professionals involved in a client's emergency care. CACS will determine whether the disclosure is in the client's best interest and, if so, only disclose information that is directly relevant to responding to the emergency.

Communication Barriers

CACS may use and disclose health information if one of our clinicians attempts to obtain Consent from a client, but is unable to do so due to substantial communication barriers. However, CACS will only use or disclose health information if the clinician determines in his/her professional judgment that, absent the communication barriers, the client would have consented to use or disclose information under the circumstances or consent to these Privacy Practices. CACS will determine whether the use or disclosure is in the client's best interest and, if so, only disclose information that is directly relevant.

As Required by Law

CACS will disclose health information about clients when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

CACS may use and disclose health information about a client when necessary to prevent a serious and imminent threat to the client's health or safety or to the health or safety of the public or another person. Under these circumstances, CACS will only disclose health information to individuals who are able to help prevent or lessen the threat.

Public Health Activities

We may disclose health information about clients as necessary for public health activities including, by way of example, disclosures to:

- Report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- Report child abuse or neglect;
- Notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition;
- Notify the appropriate government agency if we believe a client has been a victim of abuse, neglect or domestic violence. We will only notify an agency if we obtain the client's agreement or if we are required or authorized by law to report such abuse, neglect or domestic violence.

Health Oversight Activities

CACS may disclose health information about clients to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, or other government programs regulating health care and civil rights laws.

Disclosures in Legal Proceedings

CACS may disclosure health information about clients to a court or administrative agency when a judge or administrative agency orders us to do so.

Law Enforcement Activities

CACS may disclose health information to a law enforcement official for law enforcement purposes when:

- a court order, warrant, summons or similar process requires CACS to do so;
- the information is needed to identify or locate a suspect, fugitive, material witness or missing person;
- CACS reports a death that we believe may be the result of criminal conduct;
- CACS reports criminal conduct occurring on the premises of our facility;
- CACS determines that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by a client against him/herself or another person;
- The disclosure is otherwise required by law.

CACS may also disclose health information about a client who is a victim of a crime, without a court order or without being required to do so by law. However, we will do so only if the disclosure has been requested by a law enforcement official and the victim agrees to the disclosure or, in the case of the victim's incapacity, the following occurs:

- The law enforcement official represents to us that 1) the victim is not the subject of the investigation and 2) an immediate law enforcement activity to meet a serious danger to the victim or others depends upon the disclosure;
- CACS determines that the disclosure is in the victim's best interest.

Medical Examiners or Funeral Directors

CACS may provide health information about our clients to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. We may also disclose health information about our clients to funeral directors as necessary to carry out their duties.

Military and Veterans

If a client is a member of the armed forces, CACS may disclose health information as required by military command authorities. We may also disclose health information for the purpose of determining the client's eligibility for benefits provided by the Department of Veterans Affairs. Finally, if the clients is a member of a foreign military service, CACS may disclose the client's health information to that foreign military authority.

National Security and Protective Services for the President and Others

CACS may disclose medical information about a client to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. CACS may also disclose health information about a client to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.

Inmates

If a client is an inmate of a correctional institution or under the custody of a law enforcement official, CACS may disclose health information about a client to the correctional institution or law enforcement official.

Workers' Compensation

CACS may disclose health information about a client to comply with the state's Workers' Compensation Law.

Uses and Disclosures of Your Health Information With Your Permission:

Uses and disclosures not described in the How We Will use and Disclose Your Information section of this Notice of Privacy Practices will generally only be made with the client's written permission, called an "authorization." Clients have the right to revoke an authorization at any time. If a client revokes an authorization, we will not make any further uses or disclosures of the client's health information under that authorization, unless we have already taken an action relying upon the uses or disclosures the client have previously authorized.

Your Rights Regarding Your Health Information:

- *Right to Inspect and Copy
- *Right to Amend
- *Right to an Accounting of Disclosures
- *Right to Request Restrictions
- *Right to Request Confidential Communication
- *Right to a Paper Copy of this Notice
- *Confidentiality of Substance Abuse Records

Right to Inspect and Copy

Clients have the right to request an opportunity to inspect or copy health information used to make decisions about that client's services – whether they are decisions about treatment or payment of services – including clinical and billing records. However, before allowing psychotherapy notes to be inspected by or copied for anyone, we must have a signed authorization. We may deny a client's request to inspect or copy their health information in certain limited circumstances.

Clients must submit the request in writing to the Privacy Officer at 2001 Eastgate Ave., Pierre, SD 57501. If a client requests a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with the request.

Right to Amend

For as long as we keep records about clients, they have the right to request us to amend any health information used to make decisions about their care – whether they are decisions about treatment or payment of care. Usually, this would include clinical and billing records, but not psychotherapy notes.

To request an amendment, the client must submit a written document to the Privacy Officer at 2001 Eastgate Ave., Pierre, SD 57501 and explain why they believe the information is incorrect or inaccurate.

We may deny a request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny a request if a client asks us to amend health information that:

- Was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- Is not part of the health information we maintain to make decisions about the client's care;
- Is not part of the health information that clients would be permitted to inspect or copy;
- Is accurate and complete.

If we deny a request to amend, we will send the client a written notice of the denial stating the basis for the denial and offering the client the opportunity to provide a written statement disagreeing with the denial. If the client does not wish to prepare a written statement of disagreement, the client may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of the client's request.

If the client chooses to submit a written statement of disagreement, we have the right to prepare a written rebuttal to the statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of the client's request.

Right to an Accounting of Disclosures

Clients have the right to request that we provide them with an accounting of disclosures we have made regarding their health information. An accounting is a list of disclosures. But this list will not include certain disclosures of health information. For example, those disclosures the client consented to for purposes of treatment, payment, and health care operations.

To request an accounting of disclosures, the client must submit a request in writing to the Privacy Officer at 2001 Eastgate Ave., Pierre, SD 57501. The request should state the time period for which the client

wishes to receive an accounting. This time period cannot be longer than six years and not include dates before April 14, 2003.

The first accounting a client requests within a twelve-month period will be free. For an additional request during the same twelve-month period, we will charge the client for the costs of providing the accounting. We will notify the client of the amount we will charge and the client may choose to withdraw or modify the request before we incur any costs.

Right to Request Restrictions

Clients have the right to request a restriction on the health information we use or disclose about the client for treatment, payment or health care operations. Clients may also ask that any part (or all) of their health information not be disclosed to family members or friends who may be involved in their care or for notification purposes.

To request a restriction, the client must either include it (with our approval) in the Consent for Use or Disclosure Form or request the restriction in a writing addressed to the Privacy Officer at 2001 Eastgate Ave., Pierre, SD 57501. The Privacy Officer will ask the client to sign a new consent form, which includes the approved restrictions.

WE ARE NOT REQUIRED TO AGREE TO A RESTRICTION THAT A CLIENT MAY REQUEST. IF WE DO AGREE, WE WILL HONOR THE REQUEST UNLESS THE RESTRICTED HEALTH INFORMATION IS NEEDED TO PROVIDE THE CLIENT WITH EMERGENCY TREATMENT.

Right to Request Confidential Communications

Clients have the right to request that CACS communicate with them about their health care only in a certain location or through a certain method. For example, a client may request that we contact the client only at work or by e-mail.

To request such a confidential communication, a client must make your request in writing to the Privacy Officer at 2001 Eastgate Ave., Pierre, SD 57501. CACS will accommodate all reasonable requests. Client do not need to give us a reason for the request, but the request must specify how or where the client wishes to be contacted.

Right to Paper Copy of this Notice

Clients have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if the client has agreed to receive this Notice of Privacy Practices electronically, the client may still obtain a paper copy. To obtain a paper copy, contact the Privacy Officer at 2001 Eastgate Ave., Pierre, SD 57501.

Confidentiality of Substance Abuse Records:

For individuals who have been identified by CACS staff as a current or past substance abuser, federal law and regulations protect the confidentiality of those drug or alcohol abuse records. As a general rule, CACS may not tell a person outside the program that a client attends any of these programs, or disclose any information identifying the client as an alcohol or drug abuser, unless:

- The client authorizes the disclosure in writing;
- The disclosure is permitted by a specialized court order;
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes;
- A client is an immediate danger to self or others;
- A Client threatens to commit a crime either at the drug abuse or alcohol program or against any person who works for our drug abuse or alcohol program.

A violation by CACS of the federal law and regulations governing drug or alcohol abuse is a crime. Suspected violations may be reported to the United States Attorney's Office in the district where the violation occurs.

Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to the appropriate state or local authorities.

Alcohol and/or drug treatment records cannot be disclosed without the client's written authorization unless otherwise provided for in the regulations.

Please see 42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

Complaints:

If a client believes their privacy rights have been violated, that client may file a complaint with CACS or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Compliance Officer at 2001 Eastgate Ave., Pierre, SD 57501; 605-224-5811. All complaints must be submitted in writing. Our Privacy Officer, who can be contacted at 2001 Eastgate Ave., Pierre, SD 57501, will assist the client with writing the complaint, if the client requests such assistance. We will not retaliate against clients filing a complaint.

Changes to this Notice:

CACS reserves the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about clients as well as any health information we receive in the future. We will post a copy of the current Notice of Privacy Practices at our main office and our other location where we provide services.

Clients may also obtain an additional copy of the current Notice of Privacy Practices by accessing our website at www.cacsnet.org or by calling 605-224-5811 and request a copy be mailed, or obtain a copy at the office.

Who Will Follow this Notice:

All CACS staff will follow this Notice of Privacy Practices.

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